

FOR CALENDAR YEAR 2006 OR _____ MONTHS ENDING _____ 20____

Please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX DIVISION
P O BOX 634580
CINCINNATI OH 45263-4580**2006***Enter your name and address here*

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JULY 31, 2006**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

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P O BOX 634580
CINCINNATI OH 45263-4580**2006***Enter your name and address here*

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **OCTOBER 31, 2006**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

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ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JANUARY 31, 2007**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____